

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

08/696 986

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			•		•		•	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/				51						
2		/		/			52						
3		/		/			53						
4		/		/			54						
5		4		/			55						
6		/		/			56						
7		/		/			57						
8		/		/			58						
9		/		/			59						
10		/		/			60						
11		/		/			61						
12		/		/			62						
13		/		/			63						
14		/		/			64						
15		/		/			65						
16		/		/			66						
17		/	/				67						
18		/		/			68						
19		/		/			69						
20		2	/				70						
21		2		/			71						
22		2		/			72						
23		2		/			73						
24		(1)		/			74						
25		(1)		2			75						
26		(1)		2			76						
27		(1)		2			77						
28		5		5			78						
29		/		/			79						
30		(1)		6			80						
31		4		(1)			81						
32	/		/				82						
33		/		/			83						
34		/		/			84						
35		3		3			85						
36		3		3			86						
37		(1)		(1)			87						
38		(1)		(1)			88						
39	/		/				89						
40		/		/			90						
41		/		/			91						
42		/		/			92						
43		/		/			93						
44		/		/			94						
45		/		/			95						
46		/		/			96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.			5				TOTAL IND.						
TOTAL DEP.			57				TOTAL DEP.						
TOTAL CLAIMS			102				TOTAL CLAIMS						